

Case Number:	CM15-0142929		
Date Assigned:	08/03/2015	Date of Injury:	06/11/1993
Decision Date:	09/04/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female with an industrial injury dated 06-11-1993. The injured worker's diagnoses include muscle spasms of head or neck, cervical degenerative disc disease, cervicogenic headache, cervical pain and cervical facet syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-10-2015, the injured worker reported left sided neck pain, tension headache and radiating pain down her left arm. The injured worker reported that her pain level ranges from a 5-10 out of 10. The injured worker also reported that the pain is relieved with rest, ice and increased medications. Objective findings revealed mild distress, and myofascial tenderness of the cervical area. The treatment plan consisted of medication management. The treating physician prescribed MS Contin 15mg #60 and Norco 10/325mg #120, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MS Contin 15mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for

chronic pain, weaning of medications Page(s): 80-82, 111-113 and 124. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with left sided neck and tension headache, her pain level will reach a 10 at times. The request is for MS CONTIN 15MG #60. The request for authorization is not provided. Since patient has been on opiate and non-opiate medications she has been able to function-having improved her appetite, exercise such as waling, able to perform yard work, housework and shopping. Overall, the patient reports 80% improvement with the current regimen with improved pain, range of motion, activity and ADLs. UDS completed on 07/2014, appropriate for meds prescribed. There is no aberrant behavior on the patient's part, any side effect of any medication tried has been fully dealt with, and she has remained on medications, which provide no side effect yet allow the patient to remain alert. Patient's medications include MS Contin, Norco and Tizanidine. Per progress report dated 07/10/15, the patient is retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per progress report dated 07/10/15, treater's reason for the request is "pt reports radiating pain down her left arm that she can feel from her neck down this has improved somewhat since restarting her ms contin / norco as it has since her last visit." Patient has been prescribed MS Contin since at least 09/17/14. MTUS requires appropriate discussion of the 4A's, and treater discusses how MS Contin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of MS Contin. There are documentation and discussion regarding adverse effects and aberrant drug behavior. A consistent UDS was documented. In this case, the treater has adequately discussed and documented the 4A's as required by MTUS. Therefore, the request IS medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain, weaning of medications Page(s): 80-82, 111-113 and 124. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with left sided neck and tension headache, her pain level will reach a 10 at times. The request is for NORCO 10/325MG #120. The request for

authorization is not provided. Patient reports radiating pain down her left arm that she can feel from her neck down, this has improved somewhat since restarting her MS Contin/Norco. Since patient has been on opiate and non-opiate medications she has been able to function-having improved her appetite, exercise such as waling, able to perform yard work, housework and shopping. Overall, the patient reports 80% improvement with the current regimen with improved pain, range of motion, activity and ADLs. UDS completed on 07/2014, appropriate for meds prescribed. There is no aberrant behavior on the patient's part, any side effect of any medication tried has been fully dealt with, and she has remained on medications, which provide no side effect yet allow the patient to remain alert. Patient's medications include MS Contin, Norco and Tizanidine. Per progress report dated 07/10/15, the patient is retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 07/10/15, treater's reason for the request is "pt reports radiating pain down her left arm that she can feel from her neck down this has improved somewhat since restarting her ms contin / norco as it has since her last visit." Patient has been prescribed Norco since at least 09/17/14. MTUS requires appropriate discussion of the 4A's, and treater discusses how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. There are documentation and discussion regarding adverse effects and aberrant drug behavior. A consistent UDS was documented. In this case, the treater has adequately discussed and documented the 4A's as required by MTUS. Therefore, the request is medically necessary.